State of Arizona Senate Forty-fifth Legislature First Regular Session 2001

CHAPTER 239

## **SENATE BILL 1010**

#### AN ACT

AMENDING SECTIONS 20-267, 20-1631, 20-1632 AND 20-1632.01, ARIZONA REVISED STATUTES; RELATING TO MOTOR VEHICLE INSURANCE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 20-267, Arizona Revised Statutes, is amended to read:

#### 20-267. Motor vehicle liability policies; monthly basis; fee

- A. An insurer writing or an agent or broker soliciting applications for motor vehicle liability policies shall make available a monthly premium payment plan on policies that insure six or fewer motor vehicles.
- B. At the inception of a monthly premium payment plan, an insurer may not require an insured to pay more than an amount equal to one and one-half times the monthly premium in addition to the first month's premium. Premiums for each month of coverage collected thereafter under a monthly premium payment plan may be due and payable not more than thirty days before the month of coverage related to that premium. An insurer may cancel or fail to renew a policy for nonpayment of premium, except that a cancellation or nonrenewal is not effective until the requirements of sections 20-1632 and SECTION 20-1632.01 are met.
- C. An insurer, agent or broker may charge a fee pursuant to section 20-465 that is reasonably related to the administrative expenses of the monthly premium payment plan.
- D. An insurer, agent or broker may use a premium finance company to meet the requirements of this section. In financing the monthly premium payment plan, at the inception of a premium finance agreement, a premium finance company may not require an insured to pay more than an amount equal to one and one-half times the monthly premium and the first month's premium. Payments collected thereafter under the premium finance agreement may be due and payable not more than every thirty days until the premium finance agreement is satisfied. A premium finance company may cancel a premium finance agreement for nonpayment pursuant to section 6-1415.
  - Sec. 2. Section 20-1631, Arizona Revised Statutes, is amended to read: 20-1631. <u>Definition; cancellation of or failure to renew coverage; limitations; limitation of liability; exceptions; agents of record</u>
- A. In this article, unless the context otherwise requires, "motor vehicle" means a licensed land, motor-driven vehicle but does not mean:
- 1. A private passenger or station wagon type vehicle used as a public or livery conveyance or rented to others.
- 2. Any other four-wheel motor vehicle of a load capacity of fifteen hundred pounds or less which is used in the business of transporting passengers for hire, used in business primarily to transport property or equipment, used as a public or livery conveyance or rented to others.
- 3. Any motor vehicle with a load capacity of more than fifteen hundred pounds.
- B. A motor vehicle used as a public or livery conveyance or rented to others does not include a motor vehicle used in the course of volunteer work for a tax-exempt organization as described in section 43-1201, paragraph 4.

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- C. An insurer shall not cancel or refuse to renew a motor vehicle insurance policy solely because of the location of residence, age, race, color, religion, sex, national origin or ancestry of anyone who is an insured.
- D. An insurer shall not issue a motor vehicle insurance policy in this state unless the cancellation and renewal conditions of the policy or the endorsement on the policy includes the limitations required by this section. After a policy issued in this state has been in effect for sixty days, or if the policy is a renewal, effective immediately, the company shall not exercise its right to cancel or fail to renew the insurance afforded under the policy unless:
- 1. The named insured fails to discharge when due any of the obligations of the named insured in connection with the payment of premium for this policy or any installment of the premium.
  - 2. The insurance was obtained through fraudulent misrepresentation.
- 3. The named insured, any person who resides in the same household as the named insured and customarily operates a motor vehicle insured under the policy or any other person who regularly and frequently operates a motor vehicle insured under the policy:
- (a) Has had his or her driver's license suspended or revoked during the policy period.
- (b) Becomes permanently disabled, either physically or mentally, and such individual does not produce a certificate from a physician testifying to such person's ability to operate a motor vehicle.
- (c) Is or has been convicted during the thirty-six months immediately preceding the effective date of the policy or during the policy period of:
- (i) Criminal negligence, resulting in death, homicide or assault, arising out of the operation of a motor vehicle.
- (ii) Operating a motor vehicle while in an intoxicated condition or while under the influence of drugs.
  - (iii) Leaving the scene of an accident.
  - (iv) Making false statements in an application for a driver's license.
  - (v) Reckless driving.
- 4. The insurer is placed in rehabilitation or receivership by the insurance supervisory official in its state of domicile or by a court of competent jurisdiction or the director has suspended the insurer's certificate of authority based on its financially hazardous condition.
- 5. The named insured, any person who resides in the same household as the named insured and customarily operates a motor vehicle insured under the policy or any other person who regularly and frequently operates a motor vehicle insured under the policy uses a motor vehicle rated or insured under the policy as a private passenger motor vehicle regularly and frequently for commercial purposes.

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- 6. The director determines that the continuation of the policy would place the insurer in violation of the laws of this state or would jeopardize the solvency of the insurer.
- In addition to the authorization to fail to renew insurance provided by subsection D of this section, an insurer may exercise its right to fail to renew a motor vehicle insurance policy pursuant to this subsection. An insurer shall provide notice of the nonrenewal to the named insured as prescribed by section 20–1632 at least forty-five days before the A named insured who disputes the nonrenewal of the named insured's policy may file an objection with the director pursuant to section 20-1633. An insurer shall not fail to renew more than one-half of one per cent of its policies annually pursuant to this subsection. An insurer may fail to renew a motor vehicle insurance policy if the named insured, any person who resides in the same household as the named insured and who customarily operates a motor vehicle insured under the policy or any other person who regularly and frequently operates a motor vehicle insured under the policy has had at any time during the thirty-six months immediately before the notice of nonrenewal three or more at-fault accidents under any motor vehicle insurance policy issued by this insurer in which the property damage paid by the insurer for each accident which occurred prior to January 1, 2000 is more than one thousand eight hundred dollars. For accidents occurring on or after January 1, 2000, the department of insurance shall annually adjust and publish, to the nearest ten dollars, the threshold amount of property damages in this subsection by the percentage change in the all items component of the consumer price index for all urban consumers of the United States department of labor, bureau of labor statistics. The insurer shall not exercise its right to fail to renew the insurance under this subsection unless the same individual has had all the accidents that make the policy subject to nonrenewal under this subsection. The insurer shall not exercise its right to fail to renew a motor vehicle insurance policy pursuant to this subsection due to the accident record of the named insured if the named insured has been insured for standard automobile bodily injury coverage for at least ten consecutive years with the same insurer prior to the most recent accident that makes the policy subject to nonrenewal under this subsection. For purposes of this subsection, "at-fault" means the insured is at least fifty per cent responsible for the accident.
- F. The company shall not cancel or fail to renew the insurance when a person other than the named insured has violated subsection D, paragraph 3 of this section, or fail to renew the insurance pursuant to subsection E of this section due to the driving record of an individual other than the named insured, if the named insured in writing agrees to exclude as insured the person by name when operating a motor vehicle and further agrees to exclude coverage to the named insured for any negligence which may be imputed by law to the named insured arising out of the maintenance, operation or use of a motor vehicle by the excluded person. The written agreement that

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excludes coverage under a policy for a named individual is effective for each renewal of the policy by the insurer and remains in effect until the insurer agrees in writing to provide coverage for the named individual who was previously excluded from coverage.

- G. The provisions of This article do DOES not apply to any policy which has been in effect less than sixty days at the time notice of cancellation is mailed or delivered by the insurer unless the policy is a renewal policy, or to policies:
- 1. Insuring any motor vehicle other than a private passenger motor vehicle as defined in section 20-117.
- 2. Insuring the motor vehicle hazard of garages, motor vehicle sales agencies, repair shops, service stations or public parking places.
  - 3. Providing insurance only on an excess basis.
- H. If a consumer purchases motor vehicle insurance coverage from an agency or agent licensed in this state, the agency or agent, whichever owns the policy expiration, shall remain the agent of record for that insured. In the event the insurer terminates the agency's contract, the agency shall continue to provide customary services to the insured. The insurer shall provide the agency with a minimum degree of authority necessary to provide customary services to the insured and shall provide the same level of compensation for these services which were in effect prior to the termination of the agency contract.
- I. Subsection H of this section shall not apply if one or more of the following conditions exist:
- 1. The agent of record has had its license suspended or revoked by the department.
  - 2. The agent of record is indebted to the insurer.
- 3. The insured has supplied the insurer with a written request that its agent of record be changed to another agent of the insurer.
- 4. The agent of record has authorized transfer of this account to another licensed agent of the insurer.
- 5. The director has determined after a public hearing that continuation of this relationship is not in the best interest of the public.
- 6. The agent of record is under an exclusive contract or contract requiring the agent to submit all eligible business to an insurer or group of insurers under a common management.
- J. Subsection H of this section shall not apply to any transaction in which the expiration of the policies is owned by the insurer.
- K. Notwithstanding any law to the contrary, the issuance at renewal of revised policy provisions to modify an existing policy by adding coverages or policy provisions, modifying coverages or policy provisions, or eliminating coverages or policy provisions is not a nonrenewal or cancellation of the policy if the modification of a basic coverage does not eliminate the essential benefit of that basic coverage. If the modification of the basic coverage eliminates the essential benefit of the basic coverage,

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the director shall order the insurer to remove the modification from the policy. This subsection does not allow the insurer, without the written consent of the insured, to eliminate the basic coverages of the policy or to reduce the monetary limits of any of the basic coverages of the policy that were selected and agreed on. This subsection does not limit a policyholder from continuing to renew uninsured or underinsured motorist coverage pursuant to section 20-259.01. For the purposes of this subsection, "basic coverage" means any of the following:

- 1. Bodily injury coverage.
- 2. Property damage coverage.
- 3. Uninsured motorist coverage.
- 4. Underinsured motorist coverage.
- Medical payments coverage.
- 6. Comprehensive coverage.
- 7. Collision coverage.

For purposes of this section "fail to renew" or "nonrenewal" does not include the issuance and delivery of a new policy within the same insurer or an insurer under the same ownership or management as the original insurer as provided in this subsection. An insurer may transfer up to one per cent of its policies to an affiliated insurer within one calendar year if under a policy to be transferred one or more of the insureds that are insured under the policy have individually within the past thirty-six months had two or more at-fault accidents UNDER ANY MOTOR VEHICLE INSURANCE POLICY ISSUED BY THIS INSURER in which the property damage paid by the insurer for each accident exceeded one thousand five hundred dollars or individually have had three or more moving violations. Moving violations for which an insured completes an approved traffic school program shall not be considered as a moving violation under this section. A company shall not transfer a policy if the A named insured agrees in writing to exclude as an insured a person or persons other than the named insured who each individually meet the criteria for transfer pursuant to this subsection and further agrees to exclude coverage for any negligence which may be imputed by law to the named insured arising out of the maintenance, operation or use of a motor vehicle by such excluded person or persons. AN INSURER SHALL TRANSFER ONLY THOSE INDIVIDUALS RESPONSIBLE FOR THE AT-FAULT ACCIDENTS OR MOVING VIOLATIONS. AND THE EXCLUDED OR TRANSFERRED INSURED'S DRIVING RECORD SHALL NOT BE USED IN RATES. SURCHARGES OR PREMIUMS FOR THE DETERMINING NONEXCLUDED OR NONTRANSFERRED INSURED. The one per cent limit set forth in this subsection shall not apply to transfers of policies from the original insurer to another insurer under the same ownership or management as the original insurer if the rates charged by the other insurer are lower than the rates charged by the original insurer. No insurer shall transfer policyholders because of their location of residence, age, race, color, religion, sex, national origin or ancestry. Transfers by an insurer pursuant to this subsection shall not be

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construed to permit a new unrestricted sixty day period for cancellation or nonrenewal.

- M. Except as provided in this subsection, an insurer shall not refuse to renew a policy until after August 31, 1998, based on an insured's failure to maintain membership in a bona fide association, until both the insurer and bona fide association have complied with this subsection and shall not refuse to renew any coverage continuously in effect before September 1, 1998, subject to all the following:
- 1. In addition to any other reason provided in this section, an insurer may refuse to renew an insurance policy issued pursuant to this article if all of the following conditions apply:
- (a) The insurer clearly discloses to the applicant and the insured in the application for insurance and insurance policy that both the payment of dues and current membership in the bona fide association are prerequisites to obtaining or renewing the insurance.
  - (b) Any money paid to the bona fide association as a membership fee:
- (i) Is not used by the insurer directly or indirectly to defray any costs or expenses in connection with the sale or purchase of the insurance.
- (ii) Is set independently of any factor used by the insurer to make any judgment or determination about the eligibility of any individual, including the member, an employee of a member or a dependent of a member, to purchase or renew the insurance.
- (c) The bona fide association has filed a certification with the director verifying the eligibility of the insurer to refuse to renew an insurance policy based on membership in the bona fide association.
- 2. To qualify as a bona fide association pursuant to this subsection, the association shall meet all of the requirements of this paragraph. The association shall file a statement with the director at least thirty days before the commencement of the offer or sale of insurance as provided by this subsection verifying that the association meets the requirements of this paragraph. The association shall update the filing required by this paragraph at least thirty days before the effective date of any material change in the information contained in the statement, and shall file a separate notice with the director if the insurance described in the statement is no longer available through the association. The statement shall include the following information:
- (a) That the association has been in active existence for at least five consecutive years immediately before the filing of the statement.
- (b) That the association has been formed and maintained in good faith for purposes other than obtaining or providing insurance and does not condition membership in the association on the purchase of insurance.
- (c) That the association has articles of incorporation and bylaws or other similar governing documents.
- (d) That the association does not condition membership in the association or set membership fees on the eligibility of any individual,

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including the member, an employee of the member or a dependent of the member, to purchase or renew the insurance, or on any factor that the insurer could not lawfully consider when setting rates.

- (e) That the association has a relationship with a specific insurer or insurers and identifies the insurer or insurers.
- 3. Membership fees collected by the bona fide association are not premiums of the insurer that issued the coverage unless the bona fide association:
- (a) Uses any portion of the membership fees directly or indirectly to defray any costs or expenses in connection with the sale or purchase of the insurance.
- (b) Sets or adjusts membership fees for any member of the bona fide association based on any factor used by the insurer that issues the insurance to make any judgment or determination about the eligibility of any individual, including the member, an employee of the member or a dependent of the member, to purchase or renew the insurance.
- 4. If the membership fees constitute premiums pursuant to paragraph 3 of this subsection, an insurer shall not refuse to renew a policy as otherwise permitted by this subsection.
  - Sec. 3. Section 20-1632, Arizona Revised Statutes, is amended to read: 20-1632. Cancellation. nonrenewal and reduction of limits for reasons other than nonpayment of premium; notices to insured; refund of unearned premium
- A. A notice by the insurer to the policyholder of nonrenewal, cancellation or reduction in the limits of liability or coverage FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM shall be mailed to the named insured by certified mail or United States post office certificate of mailing at least ten days prior to the effective date of such nonrenewal, cancellation or reduction in limits of liability or coverage, except that notice of nonrenewal under section 20-1631, subsection E shall be mailed at least forty-five days before the effective date of the nonrenewal. Such notice shall include or be accompanied by all of the following:
- 1. A statement in writing of the specific facts which constitute the reasons, consistent with section 20-1631, for such action by the insurer and a notice indicating the named insured's right to complain to the director of the insurer's action within ten days after receipt of the notice by the insured.
- 2. Notice of the insured's possible eligibility for insurance through the automobile assigned risk plan, and the notice shall state that all information included in the notice is given pursuant to this article.
- 3. A refund of unearned premium, except a premium that has been financed or remitted to the insurer by a company that is affiliated with the insurer and that bills and collects premiums on the insurer's behalf. In the case of a notice of cancellation or nonrenewal of a policyholder whose premium payment is collected and remitted by the insurer's affiliate, the

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insurer shall refund any unearned premium to the policyholder within ten days after the policy cancellation. For the purposes of this paragraph, "affiliate" or AND "affiliated" have the same meaning prescribed in section 20-481.

- B. Failure of the insurer to comply with subsection A of this section shall invalidate any cancellation, nonrenewal or reduction in limits of liability or coverage, except a cancellation or nonrenewal for nonpayment of premium.
- C. If a premium has been financed, a refund of unearned premium shall be returned as provided in section 6-1416.
- Sec. 4. Section 20-1632.01, Arizona Revised Statutes, is amended to read:

# 20-1632.01. Cancellation or nonrenewal for nonpayment of premium; grace period; notice of cancellation; discrimination; definition

- A. In motor vehicle insurance policies there shall be a provision that the policyholder is entitled to a minimum grace period of seven days for the payment of any premium due except the first PAYMENT, during which grace period the policy shall continue in full force. For the purposes of this subsection, an initial payment on the renewal of a policy is not a first payment of premium.
- B. For any motor vehicle insurance policy cancelled or nonrenewed for nonpayment of premium by the insurer after the grace period, the insurer must mail a notice of cancellation or nonrenewal to the policyholder at his THE POLICYHOLDER'S last address on record with the insurer by first class mail. The cancellation or nonrenewal is effective on the date the notice is mailed to the policyholder. The notice shall include or be accompanied by a statement in writing of the reasons for such action by the insurer and a notice indicating the named insured's right to complain to the director of the insurer's action within ten days after receipt of the notice by the insured. AN INSURER SHALL NOT CANCEL OR NONRENEW A MOTOR VEHICLE INSURANCE POLICY PURSUANT TO THIS SECTION BECAUSE OF THE NAMED INSURED'S LOCATION OF RESIDENCE, AGE, RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY OR DRIVING RECORD.
- C. The provisions of This section do DOES not apply to policies being cancelled pursuant to section 6-1415. The grace period provided in such policies shall be satisfied by the ten day notice of intent of the premium finance company to cancel the insurance contract unless the default is cured within the ten day period.
- D. For the purposes of this section, "grace period" means the period of time after the premium due date during which the policy remains in force without penalty even though the premium due has not been paid.

THIS BILL HAVING REMAINED WITH THE GOVERNOR FIVE DAYS, SUNDAY EXCLUDED, AND THE LEGISLATURE BEING IN SESSION, IT HAS BECOME A LINE 25TH DAY OF APRIL, 2001.

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Passed the House April 10, 2001,	Passed the Senate Jebruary 12, 20 01,
by the following vote: 48 Ayes	• / •
5 Nays,7 Not Vetin	ng Nays, Not Voting
Speaker of the House	Se President of the Senate
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### SENATE CONCURS IN HOUSE AMENDMENTS AND FINAL PASSAGE

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			Nays, 6	Not Voting
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